P.A. NO: \_ DATE: \_ BY: \_\_\_



## Republic of the Philippines PROVINCE OF ISABELA

		CIAL	PURCHASE OF	KDEK			
Supplier: KRP Enterprises					P.O. No.: 21.04.0034		
Address : Sta. Barbara, City of Ilagan, Isabela					Date:	June 22,	2021
Gentleme	n:	th this office t	the following articles subject to the term	ns and conditions	contained her	rein:	
Place of De		PGSO	Delivery Term				
Date of Delivery: seven (7) days after receipt of P.O. Paym					Term: Check		
Item No.	Unit	Quantity	Description		Unit Cost	An	nount
1	pcs	100	Enoxaparin Prefilled Syringe 40mg		1,030.00		103,000.00
			BY AM BY AM BY AM BY AM BY CES OF PROBLEM BY AM BY CES OF PROBLEM BY AM BY CES OF PROBLEM BY CES OF PR				
Total A			One Hundred Three Thousand P			Php	103,000.00
		u lure to make f delay shall be	e the full delivery within the time specific imposed.			th (1/10) of o	ne
Approved pe	egotiated purc er Sangguniar	Signa chase pursuant to n Resolution No.:	UNDA RIGO PAGWAYANI KRP Enterprises ature over printed Name  (1 - 2.2 - 2.1  (Date)  D Section 369 (a) of RA 7160, this portion must be		RODO Pro	OLFO T. ALB	
Certified (	Correct:			Date:			
			*				